

An incision was made through the scrotum into the anterior face of the right testicle; this resulted in the liberation of a teaspoonful of thick pus. The pus had destroyed the internal structure of the testicle. The epididymis is intact but much enlarged and hardened. The abscess cavity was packed with iodoform gauze after thorough cleansing with solution of hydrogen peroxide; entire scrotum dressed with sterilized gauze and cotton. General treatment continued unchanged.

January 11th and 12th. Conditions unchanged. Testicular wound dressed, pus cheesy.

January 13th. Patient to-day experiences severe pains running from the hypogastric region upwards and backwards to the lumbar region of either side. The urine is quite thick with pus and mucus and gives off a nearly fetid odour; its quantity is lessened. Temperature 103°F ., pulse 120, with lowered tension and diminished volume. The patient is drowsy and complains of headache. It is evident that a double pyelitis has been established within the past twenty-four hours and that uræmia is developing. Brisk purgation with continuation of the boric acid was kept up with the addition of ten minims of the tincture of digitalis every two hours and systematic catheterization and irrigation.

January 14th. Patient became comatose during the night. He lies with contracted pupils and fallen jaw and breathes rhythmically and deeply. The urine contains rather more albumin than the amount of pus contained in it would account for.

The uræmic stupor lasted five days during which it was only possible to apply the hot pack night and morning, to administer digitalis and water in small amounts at frequent intervals, and to systematically catheterize and irrigate.

January 19th. The patient was gradually awakened from his deep stupor; he is now quite conscious. The urine has increased in quantity and is free from pus and mucus; its fetid odour has disappeared.

From January 19th to January 26th, the patient progressed well. His mind was clear, he experienced a keen appetite, passed his urine without aid and felt hopeful of recovery.

January 26th. Patient complains of severe pains in ankle, elbow, and finger joints of both sides. All these painful joints are red and swollen. The temperature, which during the past few days has been normal, has risen to 103°F ., and the mitral valve, heretofore normal, is insufficient. Along the left border of the sternum, above, below, and over the fourth rib, a pericardial friction murmur is heard.

Sodium salicylate and potassium bicarbonate were given alternately every three hours and tincture of iron chloride three times a day.

At the end of twelve days the polyarthritides and pericardial friction murmur had subsided, but the physical signs of mitral insufficiency and